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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/497,647 02/03/2000 ABN

which is a CON of 09/119,543 07/20/1998 PAT 6,032,849, which is a CON of 08/546,253 PAT 5,782,396  
which is a CIP of 08/520,202 08/28/1995 PAT 5,762,256

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 38	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged  Examiner's Signature	Initials				

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## TITLE

SURGICAL STAPLER

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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